

Remarks of Chairman Donald M. Payne
Hearing of the Subcommittee on Africa and Global Health
"Global Health Emergencies Hit Home: The Swine Flu Outbreak"
Wednesday, May 6, 2009
9:30 a.m. 2172 Rayburn House Office Building

Thank you for joining the Subcommittee on Africa and Global Health for this hearing entitled "Global Health Emergencies Hit Home: The Swine Flu Outbreak".

The recent outbreak of a new strain of influenza A subtype H1N1 virus, commonly referred to as "swine flu", sparked significant global concern and attention and reminds us that global health challenges are challenges to the health of our own nation and the entire international community.

Indeed, to date our own hemisphere is the most affected. The first identified cases occurred in Mexico in March where 590 cases and 25 deaths have been reported, followed by 286 cases and one death in the U.S., and 140 cases and zero deaths in Canada. On April 29th the World Health Organization raised its influenza pandemic alert level to Phase 5 "... a strong signal that a pandemic is imminent..."

Many questions remain as to the exact origin of the virus strain, and while it contains genetic material from flu strains usually found in swine, pigs have not yet been identified as a source of human transmission. The association with pigs could be injurious to the swine industry and there has been a request that Members of Congress refer to the strain by one of its technical names.

There are many issues associated with the H1N1 virus. The WHO Phase 5 alert level carries with it a series of public health measures that countries are expected to adopt to avert a crisis. Among other issues, this hearing will focus on is how global health emergencies such as this one challenge the public health infrastructures of developing nations and we hope to learn more about the assistance the U.S. is providing to address these weaknesses.

While no cases have been confirmed to date in African countries, I am concerned that this may actually represent the absence of the ability to detect the virus strain, which could mean that the true impact of this strain is yet to be seen. Adding to concerns, there have been several recent deaths in Southeast Asia and Africa caused by avian flu. This issue underscores the need for greater investment in health systems in Africa in particular, and in other developing regions.

We will also discuss funding. The 2009 Supplemental Appropriations include \$2 billion to fight pandemic flu -- \$1.5 billion of which goes to Health and Human Services and the Centers for Disease Control and Prevention for federal stockpiles, vaccines, and detection. Of the remaining funding, \$350 million goes towards state and local response at and \$200 million for global efforts.

President Obama has shown incredible leadership on global health this week, announcing \$63 billion to be spent over the next 6 years, starting in Fiscal Year 2010, shaped by a new, comprehensive global health strategy. Under this new plan, \$51 billion will go towards fighting HIV/AIDS, TB, and malaria through the President's Emergency Plan for AIDS Relief (PEPFAR). The remaining \$12 billion will go towards other global health priorities such as child and maternal health, neglected tropical diseases, and an overall investment in building capacity of health systems.

I commend the President for this quantum leap in global health funding. It shows the U.S. understands global health challenges can and do hit home, as we have seen with the outbreak of the H1N1 virus and with the 2007 case of the Atlanta lawyer Andrew Speaker who traveled to Europe and back to the U.S., all while infected with the deadly extensively drug resistant tuberculosis strain, known as XDR-TB.

There is also a geopolitical dimension to the H1N1 outbreak. The World Health Organization cautions that those who are ill should delay international travel, however it warns that "limiting travel and imposing travel restrictions would have very little effect on stopping the virus from spreading, but would be highly disruptive to the global community". Despite this warning, China has reportedly quarantined a number of Mexican nationals living in China. Mexico's response to this was a ban of flights to China.

Last week the European Union Health Commissioner urged Europeans to avoid nonessential travel to the U.S. and Mexico following the confirmation of a case of the H1N1 virus in Spain. U.S. Homeland Security Secretary Janet Napolitano explained in a Senate Homeland Security Committee hearing last Thursday that closing the U.S.-Mexico border would incur more costs than benefits to the U.S. government's efforts to stop the spread of the virus.

I am sure these and other issues will allow for an in-depth discussion on this important topic.

We are pleased to be joined by our distinguished panel of government witnesses. First we will hear from Dr. Ann Shuchat, the Interim Deputy Director for Science and Public Health Program at the Centers for Disease Control and Prevention. Our second witness is Dr. Anthony Fauci, Director of the National Institute of Allergies and Infectious Diseases at the National Institutes of Health. Last but not least is Dr. Dennis Carroll who serves as the Special Advisor to the Acting Administrator on Influenza Pandemic at USAID. I will read the witness bios following Members' opening remarks.

I will now turn to our Ranking Member, Mr. Smith for his opening statement.